Inspector: Derrol Thomas

3/29/93 Multimedia Inspection : Occidental Chemical Corp.
Beverly Road

Financial Test

Occidental uses Financial Test and Cap Assurance

Tank was registered under Tenneco Polymers Inc. (TRI)

TRI owned facility until 5/86.

Tank registered for period 2/1/93 to 1/31/94

Tank is secondarily contained in a vault.

Rich Fockler : Occidental

Dist
8:40
RH/1
S.C

Occidental Chemical Corporation

PVC RESINS - BURLINGTON SOUTH

Post Office Box 116 (Beverly Road), Burlington, new Jersey 08016

RICOH FAX/DEX Transmission

TO: Derval Thomas

LOCATION: USEPA

FROM: Rich Fachler

NUMBER OF PAGES: COVER+ 5

DATE SENT: 3-31-93 TIME SENT: 1530

SENT FROM: 609-386-3415

FOR ASSISTANCE, CALL 609-386-9200, Extensions 251, 262 or 249

Derval,

Attached is the info
You requested

Rich

FAX/DEX-Misc

Derval,

Attached is a description of the operation of the bubbler we use for our UST.

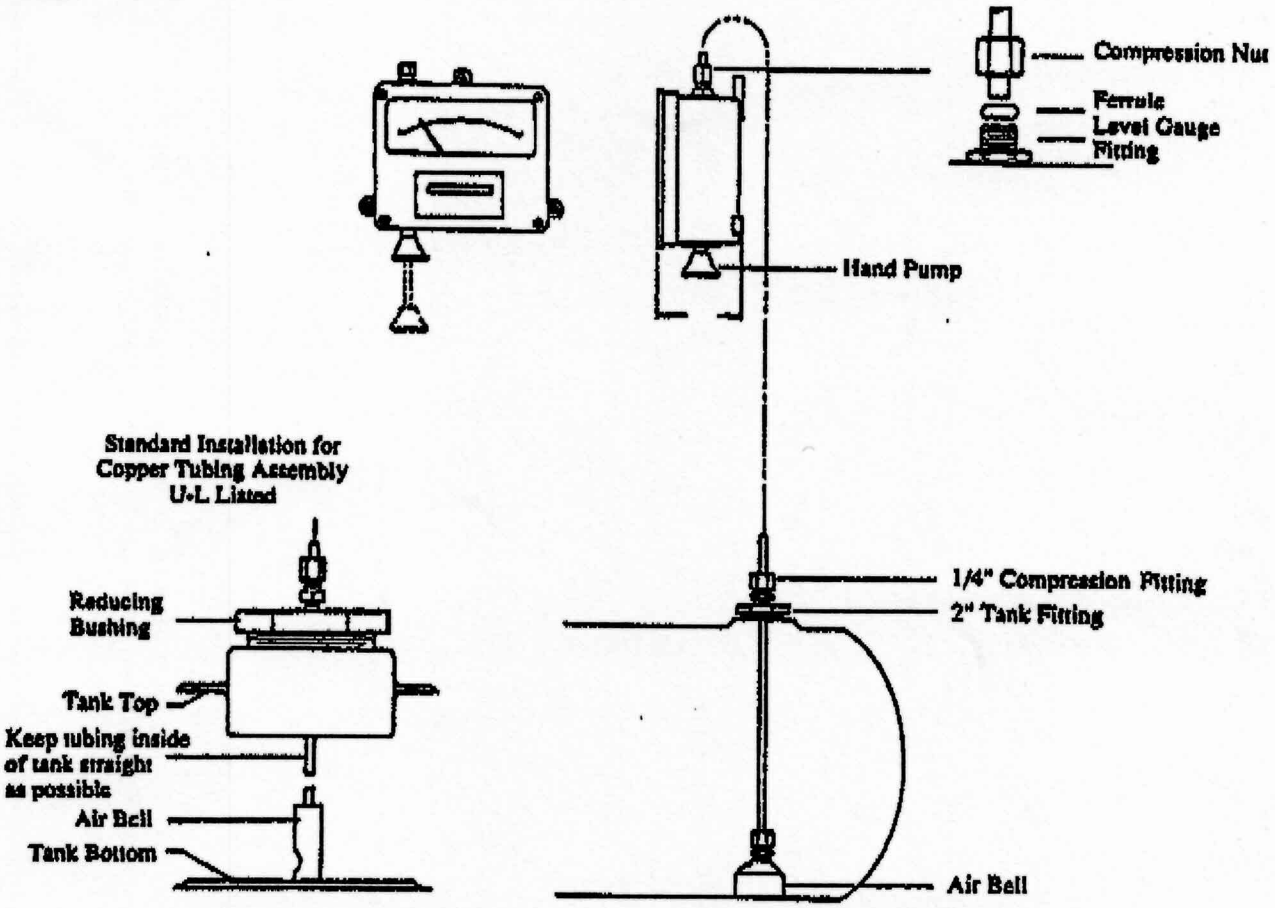
The name of the bubbler is Levelometer - Midget Model from Simmons Precision.

Our leak detection program has been in place since 1972.

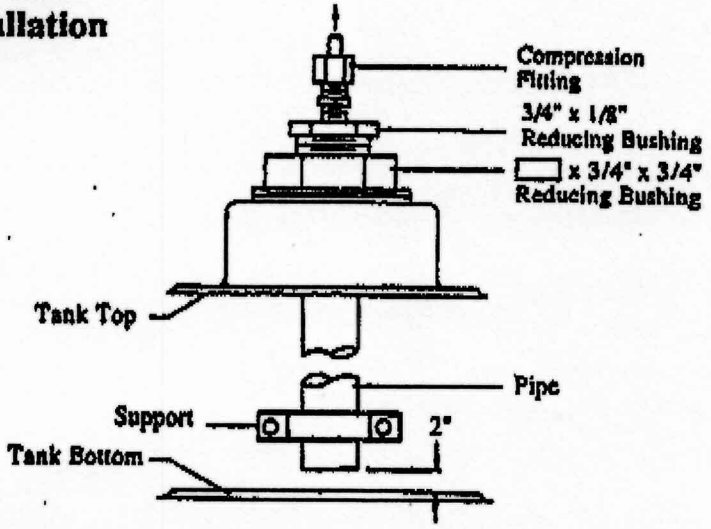
If you have any question, please call me.

Rich

Typical Hand Pump Installation



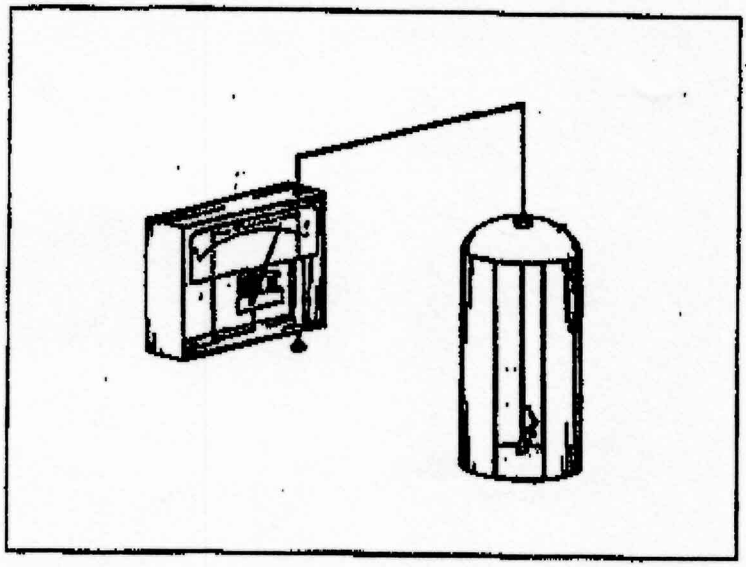
Alternate Installation



Note: 3/4" pipe to be suitably supported by clamps or brackets every 5 feet. Clamps or brackets to be attached to a tank wall, swash plate, ladder, or other rigid vertical support. To test for leaks, apply a soap solution around all connections. If bubbles appear, tighten connections at the points that are leaking.

Avoid dips, traps, or low points in the tubing. If traps cannot be eliminated, use a leakproof valve to drain the condensate periodically. Do not kink, twist, or use sharp bends when installing the 1/4" tubing.

Hand Pump



A hand pump, instead of the compressed air source, is used to empty the bubbler pipe of liquid. Excess air escapes through the bottom of the pipe and out of the tank vent. Air pressure in the bubbler pipe is then a function of the liquid level in the tank. A pressure sensitive bellows in the indicator contracts or expands according to the liquid level and operates the pointer mechanism. The maximum distance to the remote readout is 150 feet from the tank. The tank system is manually operated; therefore, the integral hand pump should be actuated when level readings are required. Hand pump units will accurately track descending levels of liquid.

These materials are typical applications for Pneumatic Gauges.

- Acetone
- Aircraft Fuels
- Alcohol
- Ammonia, Anhydrous
- Anti-Icing Fluid
- Asphalt
- Benzine
- Brine
- Bunker Oil
- Carbon Disulfide
- Carbon Tetrachloride
- Chemical Solvents
- Chlorine (Liquid)
- Cleaning Solvents
- Condensate
- Creosote
- Diesel Oil
- Diethylene Glycol
- Dimethyl Hydrazine
- Dry Cleaning Fluids
- Enamel
- Ethyl Alcohol
- Fish Oil
- Gasoline
- Glucose
- Glycerine
- Ink (Printers)
- Isopropyl Acetate
- Kerosene
- Ketones
- Lacquers
- Latex
- Lubricating Oil
- Methanol
- Naphtha
- Neutral Spirits
- Oleum Spirits
- Pentane
- Perchlorethylene
- Phenol
- Polyester Resin
- Quench Oil
- Resins
- Sewage Sludge Liquid
- Silicones
- Sulfuric Acid
- Thinners
- Toluene
- Transformer Oil
- Water, Sea
- Xylene

Specifications

Accuracy: ± 2% full scale reading

Mounting: Hand pump models require a 2" NPT tank opening. Continuous reading models require a 3/4" bubbler pipe (not included).

Warranty: Hersey's standard one year warranty

How to Order:

Model _____

Type: Cont. Reading_____

Hand Pump_____

Tubing: Poly_____

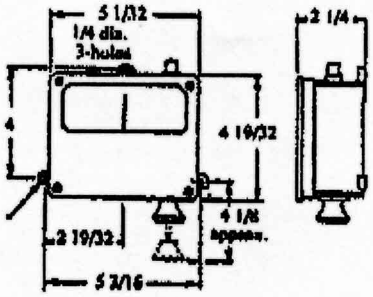
U.L. List. Copper_____

Tank information form # 0 440

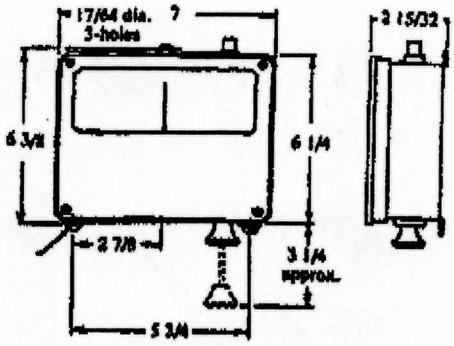
Subject to approval upon tank information.

Dimensions

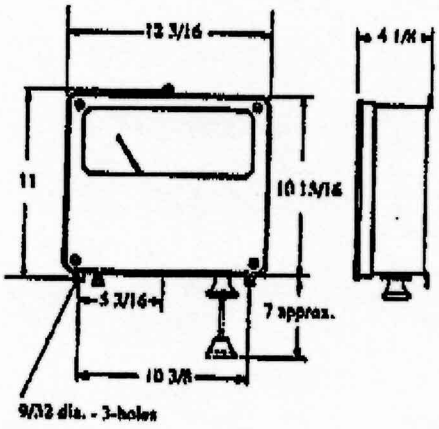
Panel and Hand Pump Versions



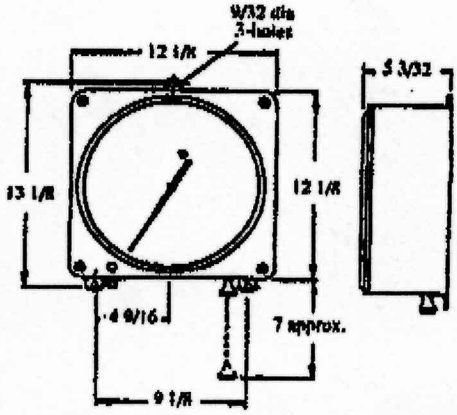
Midget Model & B622



Small Model



Large Model



Master Model

Hersey MEASUREMENT COMPANY
150 Venture Boulevard
P.O. Box 4585
Spartanburg, SC 29305
A division of Flow Measurement, Inc.
Phone: 803-574-8960
800-845-2102 (except in SC)
Fax: 803-578-7308

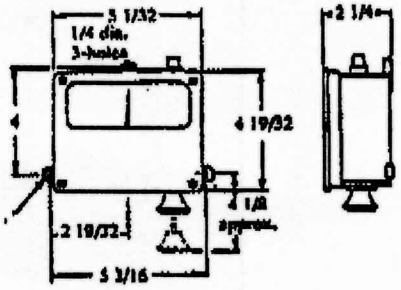
Hersey Distributor:

Form S 440
4M-1092

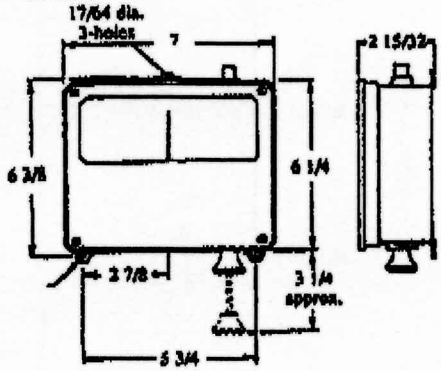
Mounting Dimensions

Hand Pump or Continuous Reading

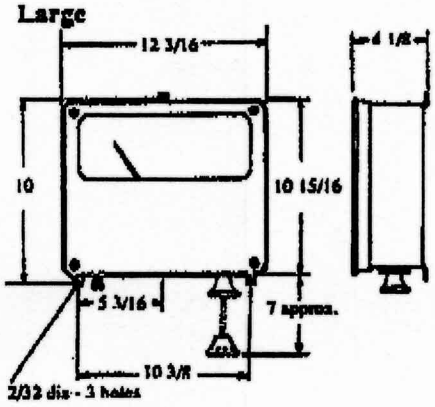
Midget



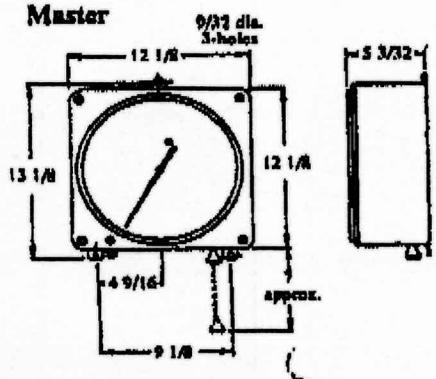
Small



Large



Master



Installation

Hand Pump - Poly Tubing

(Midget, Small, Large, & Master)

1. Open the shipping carton and inspect for damage. If damaged, do not install. Contact your Hersey Distributor.
2. Install the gauge on a wall or panel. (See Mounting Dimensions.) Do not connect the tubing. Observe the pointer location. The pointer should be on the "0" or "Empty" mark on the dial scale. If it is not, reference the adjustment instructions on page 5.
3. Route the connecting tubing through a 1" conduit to the tank location.
4. At the tank location, cut the end of the connecting tubing off squarely. Remove any burrs.
5. Insert the tubing through a 1/4" compression fitting located on the 2" tank fitting.
6. Insert the connecting tubing through the compression nut and ferrule of the air bell. Tighten the nut securely to the fitting.
7. Insert the air bell and connecting tubing through the tank opening until the air bell rests on the bottom of the tank in a vertical position.
8. Thread the tank fitting into the opening on the tank and tighten the 2" tank fitting and compression nut securely.
9. At the gauge location, cut the end of the connecting tubing off squarely. Remove any burrs.
10. Insert the connecting tubing through the compression nut and ferrule. Tighten the nut securely to the threaded fitting on the level gauge case.
11. Level gauge is now ready for operation. To obtain the tank level or volume readings, the hand pump on the gauge must be actuated.

Note: For proper operation, the tubing or piping must be free of air leaks.

Installation

Hand Pump-Copper Tubing UL Listed

(Midget, Small, Large, & Master)

1. Open the shipping carton and inspect for damage. If damaged, do not install. Contact your Hersey Distributor.
2. Install the gauge on a wall or panel. (See Mounting Dimensions.) Do not connect the tubing. Observe the pointer location. The pointer should be on the "0" or "Empty" mark on the dial scale. If it is not, reference the adjustment instructions on page 5.
3. Insert the air bell and connecting tubing through the tank opening until the air bell rests on the bottom of the tank in a vertical position.
4. Thread the tank fitting into the opening on the tank and tighten the 2" tank fitting and compression nut securely.
5. Route the connecting tubing through a 1" conduit to the level gauge.
6. At the gauge location, cut the end of the connecting tubing off squarely. Remove any burrs.
7. Insert the connecting tubing through the compression nut and ferrule. Tighten the nut securely to the threaded fitting on the level gauge case.
8. Level gauge is now ready for operation. To obtain the tank level or volume readings, the hand pump on the gauge must be actuated.

Note: For proper operation, the tubing or piping must be free of air leaks.

Directions to NJDEPE Central Regional Office
For Occidental Chemicals MM Meeting

NJ Turnpike South to Exit 7a

Take I-195 to Exit 5

Take Route 130 South to Horizon Center office complex
(see attached maps)

At first Stop Sign in complex make a right turn. Go to Building 3. When entering Building 3 parking lot make a right turn and go as far as you can and park. If you go to the last door on the right and knock, someone should let you in. That is the Division of Environmental Quality. They do Air inspections. Ask to see Dave Jones. He will direct you to Bob Heil.

I suggest that we meet at the NJDEPE Central Regional Office each day at 9:00 am. Phone # 609-584-4100.

I will not be in the office on Wednesday March 24 and may not be in on Friday March 26. In case you need to reach me "off-duty", my home phone # 908-449-7349.

Patrick Foley, 2AWM-AC
212-264-6674

9:30 suggested

Dave Jones

EPA Multi-Media 3/29/93

Name	Organization	phone #
Tom Nasife	OxyChem	609-386-9200
Angel P. Rodriguez	US. EPA	908-321-6664
Mike Solecki	US EPA	908 906 6918
BARRY CHRISTENSEN	OxyChem Niagara Falls NY	716 286 3368
Geof Oberhaus	OxyChem	609-386-9200
Rich Fackler	OxyChem	609-386-9200
JOHN H. MENDELSOHN	USEPA	908-321-6653
FRED W. KANZLER	OXYCHEM	609-386-9200
Derval Thomas	USEPA	(212) 264-1829
Patrick Foley	USEPA	(212) 264-6644

Leak Detection Inspection Checklist

I. Ownership of Tank(s)

Owner Name (Corporation, Individual, Public Agency, or other entity): Occidental Chemical Corp

Street Address: P.O. Box 116 Beverly Road

County: Burlington

City: Burlington State: NY Zip Code: 08016

Area Code: 609 Phone Number: 386-9200

Contact Person At UST Location: Phone #: 386-9600

II. Location of Tank(s)

(If same as Section 1, check here ✓)

Facility Name or Company Site Identifier, as applicable

Street Address or State Road, as applicable

County

City (nearest) State Zip Code

Number of Tanks at This Location: 1

Facility ID#: 0025111

III. Tank Information

Please complete all information for each tank. If this facility has more than 4 tanks, please photocopy this page and complete the information for all additional tanks.

Tank presently in use: Yes	Tank 1	Tank 2	Tank 3	Tank 4
If not, date last used	[redacted]			
If emptied, verify 1" or less of product in tank				
Month and Year Tank Installed (E-estimate or K-known)	E: Late 1959			
Material of Construction (E-estimate or K-known)	K: Bare steel			
Capacity of Tank (in gallons) (E-estimate or K-known)	K: 3000			
Substance Stored (E-estimate or K-known)	K: diesel fuel			

IV. A. Release Detection For Tanks

Check the release detection method(s) used for each tank or N/A if none required.

	Tank 1	Tank 2	Tank 3	Tank 4
Manual Tank Gauging (only for tanks under 1,000 gal.)				
Manual Tank Gauging and Tank Tightness Testing (only for tanks under 2,000 gal.)				
Tank Tightness Testing and Inventory Control				
Automatic Tank Gauging				
Vapor Monitoring				
Groundwater Monitoring				
Interstitial Monitoring				
Other approved method (write in name of method)	Bubble Gauge			

IV. B. Release Detection For Piping

Check the release detection method(s) used for piping.

		Tank 1	Tank 2	Tank 3	Tank 4
Check One Type of Piping for each Tank	Pressurized Piping				
	Suction Piping	✓			
Automatic Line Leak Detectors, and (check one of the following)					
Vapor Monitoring					
Groundwater Monitoring					
Secondary Containment with Monitoring					
Line Tightness Testing					

IV. C. Corrosion and Spill/Overfill Protection

Corrosion protection installed (indicate date)

Spill/Overfill protection installed (indicate date)

V. Site Information

General site observations and comments (vicinity observations, ground water level, etc.)

I DERVAL THOMAS (print name) certify that I have inspected the above named facility on March 29, 1993 (month, day, year, time)

Inspector's Signature: Derval Thomas Date:

S1c059-1

Thomas A. Neary 3/29/93

Inventory Control and Tank Tightness Testing

Method of tank tightness testing: _____

Name and address of tank tightness tester: _____

_____

_____

Please complete all information for each tank

	Tank 1	Tank 2	Tank 3	Tank 4
Date of last tank tightness test.				
Did tank pass test? Indicate yes or no.				
Documentation of deliveries and sales balances with daily measurements of liquid volume in tank are maintained and available.				
Overages or shortages are less than 1% + 130 gals of tank's flow through volume.				
If no, which months were not?				

Please answer yes or no for each question

Owner/operator can explain inventory control methods and figures used and recorded.	yes	no
Records include monthly water monitoring.	yes	no
Books appear used and evidence of recent entries is apparent.	yes	no
Books are reconciled monthly.	yes	no
Appropriate calibration chart is used for calculating volume.	yes	no
Dispenser pumps have current calibration stickers.	yes	no
Owner can demonstrate consistency in dipsticking techniques.	yes	no
Monthly water readings are used in calculating monthly inventory balances.	yes	no
The dipstick is long enough to reach the bottom of the tank.	yes	no
The ends of the gauge stick are flat and not worn down.	yes	no
The dipstick is marked legibly and the product level can be determined to the nearest one-eighth of an inch.	yes	no
The tank has been tested within the year and has passed the tightness test (if necessary).	yes	no
A third-party certification of the tank tightness test method is available.	yes	no
Tank tester complied with all certification requirements.	yes	no
Monitoring and testing are maintained and available for the past 12 months.	yes	no

Comments: _____

_____

_____

_____

I _____ (print name) certify that I have inspected the above named facility on _____ month, date, year

Inspector's Signature: _____ Date: _____

Ground Water Monitoring

Manufacturer and name of system: _____

Date Installed: _____

_____

Please answer each question for each well. If there are more than three wells, please use multiple sheets.

	Well 1	Well 2	Well 3	Well 4
Distance of well from tank(s)				
Distance of well from piping				
Well is clearly marked and secured to avoid unauthorized access or tampering				
Well was opened and presence of water was observed in well at depth of _____ Ft.				

Please answer yes or no for each question

Wells are used to monitor piping.	yes ☐	no ☐
Site assessment was performed prior to installation of wells.	yes ☐	no ☐
Documentation of monthly readings is available.	yes ☐	no ☐
Specific gravity of product is less than one.	yes ☐	no ☐
Hydraulic conductivity of soil between UST system and monitoring wells is not less than 0.01 cm/sec. According to: _____	yes ☐	no ☐
Groundwater is not more than 20 feet from ground surface.	yes ☐	no ☐
Continuous monitoring device or manual bailing method used can detect the presence of at least one-eighth of an inch of free product on top of groundwater in well.	yes ☐	no ☐
Groundwater is monitored: ( ) Manually on a monthly basis. ( ) Automatically (continuously, or on a monthly basis [Circle one]).		
Check the following if groundwater is monitored manually: Bailer used is accessible and functional.	yes ☐	no ☐
Check the following if groundwater is monitored automatically: Monitoring box is operational.	yes ☐	no ☐
Checked for presence of sensor in monitoring well.	yes ☐	no ☐

Comments: _____

_____

_____

_____

I _____ (print name) certify that I have inspected the above named facility on _____ month, date, year

Inspector's Signature: _____ Date: _____

Interstitial Monitoring

Manufacturer and name of system: _____

Date system installed: _____

Materials used for secondary containment: _____

Materials used for internal lining: _____

Interstitial space is monitored (Circle one): automatically, continuously, or on a monthly basis. _____

If tank is of double-walled construction, what is material of construction? _____

Comments: _____

If piping is of double-walled construction, what is material of construction? _____

Comments: _____

Please answer yes or no for each question

All tanks in system are fitted with secondary containment and interstitial monitoring.	yes ☐	no ☐	N/A ☐
Documentation of monthly readings is available for last 12 months.	yes ☐	no ☐	N/A ☐
Monitoring method is documented as capable of detecting a leak as small as .1 gal./hr. with at least a 95% probability of detection and a probability of false alarm of no more than 5%.	yes ☐	no ☐	N/A ☐
System is designed to detect release from any portion of UST system that routinely contains product.	yes ☐	no ☐	N/A ☐
Secondary barrier constructed from artificially constructed material, with permeability to substance $\lesssim 10^{-6}$ cm/sec.	yes ☐	no ☐	N/A ☐
Secondary barrier is compatible with the regulated substance stored and will not deteriorate in presence of that substance.	yes ☐	no ☐	N/A ☐
Secondary barrier does not interfere with operation of cathodic protection system.	yes ☐	no ☐	N/A ☐
If monitoring wells are part of leak detection system, monitoring wells are clearly marked and secured to avoid unauthorized access and tampering.	yes ☐	no ☐	N/A ☐
Maintenance and calibration documents and records are available and indicate appropriate maintenance procedures for system have been implemented.	yes ☐	no ☐	N/A ☐
Tank is fitted with internal bladder to achieve secondary containment.	yes ☐	no ☐	N/A ☐
Excavation is lined with impervious artificial material to achieve secondary containment.	yes ☐	no ☐	N/A ☐
If yes, secondary barrier is always above groundwater.	yes ☐	no ☐	N/A ☐
If no, secondary barrier and monitoring designs are for use under such conditions.	yes ☐	no ☐	N/A ☐
Interstitial space is monitored manually on monthly basis.	yes ☐	no ☐	N/A ☐
If yes, equipment used to take readings is accessible and functional.	yes ☐	no ☐	N/A ☐
Monitoring Box, if present is operational.	yes ☐	no ☐	N/A ☐

Comments: _____

I _____ (print name) certify that I have inspected the above named facility on _____ (month, date, year)

Inspector's Signature: _____ Date: _____

Automatic Tank Gauging

Manufacturer, name and model number of system: _____

Third-party evaluaters: _____

Please answer yes or no for each question		
1. Device documentation is available at site (e.g., manufacturer's brochures, owners manual).	yes ☐	no ☐
2. Device can measure height of product to nearest one-eighth of an inch.	yes ☐	no ☐
3. Documentation shows that water in bottom of tank is checked monthly to nearest one-eighth of an inch.	yes ☐	no ☐
4. Device will declare a leak on the basis of inventory reconciliation if discrepancy exceeds 1% of flow-through, plus 130 gallons on a monthly basis.	yes ☐	no ☐
4a. If "no" to 4, owner/operator has records showing 1% + 130 gallon calculations on monthly basis.	yes ☐	no ☐
5. Checked for presence of gauge in tanks.	yes ☐	no ☐
6. Checked for presence of monitoring box and evidence that device is working.	yes ☐	no ☐
7. Owner/operator has documentation on file verifying method meets minimum performance standards of .20 gph with Pd 95% and Pfa of 5% for automatic tank gauging (e.g., results sheets under EPA's "Standard Test Procedures for Evaluating Leak Detection Methods").	yes ☐	no ☐
8. Checked documentation that system was installed, calibrated, and maintained according to manufacturers instructions.	yes ☐	no ☐
9. Monitoring and testing records are available for the past 12 months.	yes ☐	no ☐

Comments: _____

I _____ (print name) certify that I have inspected the above named facility on _____ (month, date, year)

Inspector's Signature: _____ Date: _____

Manual Tank Gauging (MTG)

Manual tank gauging may be used as the sole method of leak detection only for tanks of 1,000 gal. or in combination with tank tightness testing for tanks of up to 2,000 gal..

Please indicate the number of the tank or tanks for which manual tank gauging is used as the main leak detection method (e.g., tanks 1 & 4):

_____

_____

_____

Please answer yes or no for each question

Records show liquid level measurements are taken at beginning and ending of period of at least ([Circle one] 36, 44, 58) hours during which no liquid is added to or removed from the tank.	yes ____	no ____
Level measurements are based on average of two consecutive stick readings at both beginning and end of period.	yes ____	no ____
Monthly average of variation between beginning and end measurements is less than standard shown below for corresponding size and dimensions of tank and waiting time.	yes ____	no ____
Gauge stick is long enough to reach bottom of the tank. Ends of gauge stick are flat and not worn down.	yes ____	no ____
Gauge stick is marked legibly and product level can be determined to the nearest one-eighth of an inch.	yes ____	no ____
MTG is used as sole method of leak detection for tank.	yes ____	no ____
MTG is used in conjunction with tank tightness testing.	yes ____	no ____
Are all tanks for which MTG is used under 2,000 gallons in capacity?	yes ____	no ____
Are monitoring records available for the last 12 month period?	yes ____	no ____

Check One:	Nominal Tank Capacity (in gallons)	Tank Dimensions	Monthly Standard (in gallons)	Minimum Test Duration
( )	550	N/A	5	36 hours
( )	551 - 1,000	N/A	7	36 hours
( )	1,000	64" diameter X 73" length	4	44 hours
( )	1,000	48" diameter X 128" length	6	58 hours
( )	1,001-2,000*	N/A	13	

*Manual tank gauging must be used in combination with tank tightness testing for tanks over 1,000 gal.

Comments: _____

_____

_____

_____

I _____ certify that I have inspected the above named facility on _____
(print name) month, date, year

Inspector's Signature: _____ Date: _____

S15015-6

Vapor Monitoring

Manufacturer and name of monitoring device: _____

Date system installed: _____

Number of monitoring wells: _____

Distance of monitoring well(s) from tank(s) (1) _____ (2) _____ (3) _____ (4) _____

Please indicate yes or no for each well

	Well 1	Well 2	Well 3	Well 4
Well is clearly marked and secured.				
Well caps are tight and constructed to prevent surface water infiltration.				
Well is free of debris or has other indications that it has been recently checked.				

Please answer yes or no for each question

UST excavation zone was assessed prior to vapor monitoring system installation & documentation available.	yes ☐	no ☐
One or more USTs is/are included in system.	yes ☐	no ☐

If the system is automatic, check the following:

Power box is accessible and power light is on.	yes ☐	no ☐
Documentation of monthly readings is available for last 12 months.	yes ☐	no ☐
Equipment used to take readings is accessible and functional.	yes ☐	no ☐
Vapor monitoring equipment has been calibrated within the last year.	yes ☐	no ☐

If the system is manual, check the following:

Documentation of monthly readings is available for last 12 months.	yes ☐	no ☐
Equipment used to take readings is accessible and functional.	yes ☐	no ☐
Vapor monitoring equipment has been calibrated within the last year.	yes ☐	no ☐
Porous material was used for backfill.	yes ☐	no ☐
Wells are placed within the excavation zone.	yes ☐	no ☐
Wells are free of water or other interferences to vapor detection.	yes ☐	no ☐
Level of background contamination is known. If so—what is level? _____	yes ☐	no ☐

Comments: _____

I _____ (print name) certify that I have inspected the above named facility on _____ month, date, year

Inspector's Signature: _____ Date: _____

Leak Detection for Piping

Manufacturer and name of system: _____

Third-party evaluators: _____

_____

Pressurized Piping. A method must be selected from each set. Where applicable indicate date of last test.

Set 1	Tank 1	Tank 2	Tank 3	Tank 4
Automatic Flow Restrictor				
Automatic Shut-off Device				
Continuous Alarm System				
and				
Set 2				
Annual Line Tightness Testing				
Vapor Monitoring				
Interstitial Monitoring				
Ground-Water Monitoring				
Other Approved Method (specify in comments section)				

Suction Piping Indicate date of most recent test

Line Tightness Testing (required every 3 yrs.)				
Vapor Monitoring				
Secondary Containment with Interstitial Monitoring				
Ground-Water Monitoring				
Other Approved Method (specify in comments section)				
No Leak Detection Required (must answer yes to all of the following questions)				
Operates at less than atmospheric pressure				
Has only one check valve, which is located directly under pump				
Slope of piping allows product to drain back into tank when suction released				
All above information on suction piping is verifiable				

In this space, or on the back of this sheet, please sketch the site, noting all piping runs, tanks, and approximate distances.

Comments: _____

_____

_____

I _____ (print name) certify that I have inspected the above named facility on _____ month, date, year

Inspector's Signature: _____ Date: _____

S15015-5

Let's protect our earth

State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Division of Water Resources
CN-029
Trenton, New Jersey 08625

FOR STATE USE ONLY

UST #- _____

	YES	NO
CK. IN.	☐	☐
AMT.	☐	☐
AUTH.	☐	☐
SP. ROUTE	☐	☐
SITE PLN.	☐	☐
SIGN.	☐	☐

COMCODE ☐☐☐☐

UNDERGROUND STORAGE TANK REGISTRATION QUESTIONNAIRE

Bureau of Ground Water Quality Management
Underground Storage Tank Section
(609)984-3156

COMPLIANCE WITH THIS REGISTRATION WILL MEET ALL REGISTRATION REQUIREMENTS OF THE FEDERAL LAW, P.L. 98-616, THE HAZARDOUS AND SOLID WASTE AMENDMENTS OF 1984, SUBTITLE I, SECTIONS 9001-9010.

General Facility Information

1. Facility name: OCCIDENTAL CHEMICAL CORPORATION
(formerly Tenneco Polymers, Inc.)

2. Facility location: BEVERLY ROAD
NUMBER AND STREET
BURLINGTON
CITY OR MUNICIPALITY
BURLINGTON COUNTY | NJ STATE | 08016 ZIP CODE

3. Owner's mailing address: PO 1116
NUMBER AND STREET
BURLINGTON
CITY OR MUNICIPALITY
BURLINGTON COUNTY | NJ STATE | 08016 ZIP CODE

4. Owner's name: OCCIDENTAL CHEMICAL CORPORATION

5. Contact person (Facility Operator) RONALD R NEUGOLD
PERSON OR TITLE

6. Contact telephone number: 609 AREA CODE | 386 EXCHANGE | 9200 NUMBER

7. Total number of facility underground storage tanks: 1 (Complete Questions 12 thru 33 for each tank)

8. Total facility underground storage tank capacity (gallons): 0 0 0 3 0 0 0

9. Type and status of owner (mark all that apply).

A. ☒ CURRENT B. ☐ FORMER C. ☐ STATE OR LOCAL GOVERNMENT D. ☒ PRIVATE OR CORPORATE E. ☐ OWNERSHIP UNCERTAIN F. ☐ FEDERAL GOVT. (GSA FACILITY I.D. NUMBER)

10. Two copies of a site plan are submitted with this registration. A. ☐ YES B. ☒ NO

SITE PLAN SUBMITTED WITH ORIGINAL REGISTRATION

Submit two (2) copies of SITE PLAN showing facility or property boundary, buildings and the location of ALL underground storage tanks. EITHER, an existing engineering site plan, if available, OR a neat and legible hand-drawn sketch of the site may be submitted. In either case the site plan or sketch MUST show the location and distances that tanks, buildings, and dispensers are from the facility's property boundary. Include all tanks that are operating or existing, (E); abandoned, (A); or closed, (C). Each underground tank on the site plan or sketch shall be numbered in accordance with the instructions for question 12. The number assigned to a tank on the site plan or sketch MUST match and be identical to the tank identification number assigned to that tank on this form.

INCLUDE FACILITY NAME, OWNER'S NAME, FACILITY ADDRESS AND TELEPHONE NUMBER ON ALL SITE PLANS.

UST NO.

11. All underground tanks used after January 1, 1974 including those taken out of operation, **(UNLESS THE TANK WAS REMOVED FROM THE GROUND)** must be included in this registration. All in-ground tanks shall be reported as underground tanks on this questionnaire regardless of their current status; Existing, E; Abandoned, A; or Closed C.

SPECIFIC TANK INFORMATION

	TANK NO.	TANK NO.	TANK NO.	TANK NO.	TANK NO.
Tank Identification Number	E1				
CASRN Number (Hazardous Substances Only)					
Tank Age (Years)	15				
Tank Size (gallons)	003000				
Tank Contents (MARK ONE X)					
A. Leaded gasoline	☐	☐	☐	☐	☐
B. Unleaded gasoline	☐	☐	☐	☐	☐
C. Alcohol enriched gasoline	☐	☐	☐	☐	☐
D. Light diesel fuel (No. 1-D)	☐	☐	☐	☐	☐
E. Medium diesel fuel (No. 2-D)	☑	☐	☐	☐	☐
F. Waste oil	☐	☐	☐	☐	☐
G. Kerosene (No. 1)	☐	☐	☐	☐	☐
H. Home heating oil (No. 2)	☐	☐	☐	☐	☐
J. Heating oil (No. 4)	☐	☐	☐	☐	☐
K. Heavy heating oil (No. 6)	☐	☐	☐	☐	☐
L. Aviation fuel	☐	☐	☐	☐	☐
M. Hazardous substances (per Fact Sheet)	☐	☐	☐	☐	☐
N. Other; Please Specify					
Tank and Piping Construction (MARK ALL THAT APPLY X)	Tank / Piping	Tank / Piping	Tank / Piping	Tank / Piping	Tank / Piping
A. Bare steel	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐
B. Carbon steel	☑ / ☑	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐
C. Stainless steel	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐
D. Aluminum	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐
E. Polyvinyl chloride	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐
F. Concrete	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐
G. Bronze	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐
H. Earthen walls	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐
J. Fiberglass reinforced plastic	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐
K. Fiberglas-clad steel	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐
L. Painted/asphalt steel	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐
M. Vaulted	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐
N. Composite	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐
P. Iron (cast or ductile)	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐
R. Non-metallic	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐
S. Other; Please Specify					
Tank and Piping Structure (MARK ALL THAT APPLY X)	Tank / Piping	Tank / Piping	Tank / Piping	Tank / Piping	Tank / Piping
A. Single wall	☑ / ☑	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐
B. Double wall	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐
C. Manway in tank	☐	☐	☐	☐	☐
Internal Tank and Piping Lining (MARK ONE X)	Tank / Piping	Tank / Piping	Tank / Piping	Tank / Piping	Tank / Piping
A. Rubber	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐
B. Epoxy	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐
C. Alklyd	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐
D. Phenolic	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐
E. Glass	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐
F. Clay	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐
G. None	☑ / ☑	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐
H. Other, Please Specify					

Tank I.D. No.	TANK NO. 1E1		TANK NO.		TANK NO.		TANK NO.		TANK NO.	
Tank and Piping Lining installed (MARK ONE X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. At purchase of tank	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
B. Retrofitted	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Secondary containment (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Liner	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
B. Vault	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐
C. Double wall	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
D. None	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐
E. Other, Please Specify										
External Type/Application of Cathodic Protection (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Wrapped	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
B. Sprayed	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
C. Sacrificial anode	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
D. Impressed current	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
E. None	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐
F. Other, Please Specify										
Monitoring/detection method (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Automatic sampling - Bubble Gauge	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐
B. Manual sampling	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
C. Ground water monitoring	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
D. System in secondary containment	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
E. System outside backfill	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
F. System within piping (piping leak detector)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
G. None	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐
Type of monitoring/detection system (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Continuous	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
B. Event activated	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
C. Audio	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
D. Visual	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
E. Electric sensor	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
F. Stock/inventory control (manual) Bubble Gauge	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐
G. Stock/inventory control (electronic)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
H. Tile drain	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
J. Vapor sniff wells	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
K. Internal inspection	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
L. Other, Please Specify	No piping below ground									
M. None	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Testing history recorded (MARK ALL THAT APPLY X)										
A. Yes LD-2000	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐
B. No	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐
C. Test Result (MARK IF LEAKING NOW)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Leak/spill occurrence (MARK ALL THAT APPLY X)										
A. Within the past 1 year	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
B. Within the past 1 to 5 years	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
C. More than 5 years ago	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
D. No Records	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐

UST NO._____

Tank I.D. No.	TANK NO. E1	TANK NO.	TANK NO.	TANK NO.	TANK NO.
27. Tank Status (MARK ONE X) A. Active (operational)	☑	☐	☐	☐	☐
B. Inactive (non-operational)	☐	☐	☐	☐	☐
C. Closed (temporarily out-of-service)	☐	☐	☐	☐	☐
D. Closed (permanently out-of-service)	☐	☐	☐	☐	☐
E. Abandoned, in place	☐	☐	☐	☐	☐
F. Abandoned, in place, filled only	☐	☐	☐	☐	☐
G. Abandoned, in place, sealed only	☐	☐	☐	☐	☐
H. Abandoned, in place, filled and sealed	☐	☐	☐	☐	☐
J. Seasonal	☐	☐	☐	☐	☐
K. Prior retrofitting work, Please Specify					
L. Other, Please Specify					
28. Spill recovery system on-site (MARK ONE X) A. Yes - For small spills	☑	☐	☐	☐	☐
B. No	☐	☐	☐	☐	☐
29. Overfill protection (tank only) (MARK ONE X) A. Yes	☐	☐	☐	☐	☐
B. No	☑	☐	☐	☐	☐
30. Emergency shut-off mechanisms (dispensers) (MARK ONE X) A. Yes	☐	☐	☐	☐	☐
B. No	☑	☐	☐	☐	☐

If boxes 27 E, F, G or H above have been answered - answer questions 31, 32 and 33 below.

31. Substance last used in tank (MARK ONE X) A. Leaded gasoline	☐	☐	☐	☐	☐
B. Unleaded gasoline	☐	☐	☐	☐	☐
C. Alcohol enriched gasoline	☐	☐	☐	☐	☐
D. Light diesel fuel (No. 1-D)	☐	☐	☐	☐	☐
E. Medium diesel fuel (No. 2-D)	☐	☐	☐	☐	☐
F. Waste oil	☐	☐	☐	☐	☐
G. Kerosene (No. 1)	☐	☐	☐	☐	☐
H. Home heating oil (No. 2)	☐	☐	☐	☐	☐
J. Heating oil (No. 4)	☐	☐	☐	☐	☐
J. Heavy heating oil (No. 6)	☐	☐	☐	☐	☐
K. Aviation fuel	☐	☐	☐	☐	☐
L. Hazardous substances (per Fact Sheet)	☐	☐	☐	☐	☐
M. Other, Please Specify					
32. Estimated date last used (month/year)	Mo. Yr.	Mo. Yr.	Mo. Yr.	Mo. Yr.	Mo. Yr.
33. Estimated quantity (gallons) left in tank					

OWNER OR OWNER'S AGENT CERTIFICATION

certify under penalty of law that I have personally examined and n familiar with the information submitted in this and all attached ocuments, and that based on my inquiry of those individuals mediately responsible for obtaining the information, I believe at the submitted information is true, accurate, and complete.

Ronald R. Neugold
(SIGNATURE)

Ronald R. Neugold
(PRINT OR TYPE NAME)

Works Manager
(TITLE)